

Name of Organization: _____

Date: _____

Primary Contact: _____

Mailing Address: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Date you registered your entity with ISDH _____

Application

Naloxone Kit Distribution & Training

- I. COVER SHEET/WRITTEN PROPOSAL**
- II. ORGANIZATION EXECUTIVE SUMMARY**
- III. IDENTIFIED HIGH RISK AREAS**
- IV. TARGET GROUPS**
- V. TIMETABLE**
- VI. BUDGET**
- VII. REPORTING/EVALUATION**
- VIII. ENDORSEMENTS**
- VIX. APPENDIX (IF APPLICABLE)**

I. Proposal Summary

(The summary should remain on a separate page and not exceed one page.)

The summary should contain the following elements:

- Organization contact information
- Organization executive summary and mission statement
- The purpose and anticipated end result of this proposal
- General plan for support requested
- The total anticipated budget
- Other information you deem pertinent

II. Executive Summary

(Please include organization's mission statement)

III. Identified High Risk Areas

(Identify the needs or problems to be addressed. Include a list of the geographic area(s) you plan to serve; number of law enforcement agencies and fire departments within the service area and any statistical information that you may have.)

IV. Target Groups

- Number of law enforcement agencies within your service area that are currently participating in naloxone programs (identify if able)

- Number of law enforcement agencies within your service area that are currently not participating in naloxone programs (identify if able)

V. Timetable

Provide detailed information on the expected timetable for the project. Break the project into phases, and provide a schedule for each phase.

	Description of Work	Start and End Dates
Phase One (Jan – Feb)		
Phase Two (March-April)		
Phase Three May-June		

Additional description or information for project schedule:

VI. Budget

1) Budget Management Description :

2) State the proposed costs and budget including estimated number of kits to be distributed by county within specified service area, costs, and associated training expenses.

	Description of Work	Targeted Counties	No. of Counties Not Currently Participating In Naloxone Program	No. of Agencies Currently Participating In Naloxone Program	Est. No. of Kits To Be Distributed (By County)	Costs of Kits & Associated Training	Estimated Total Costs
Phase One (Jan-Feb)							
Phase Two (March-April)							
Phase Three (May-June)							
	Total:	No. of Counties Served:	No. of Counties Not Currently Using Kits:	No. of Agencies Currently Using Kits:	Est. No. of Kits To Be Distributed:	Costs of Kits & Associated Training:	\$

VII. Reporting/Evaluation

Discuss how progress will be evaluated throughout and at the end of the project.

VIII. Endorsements

Provide the names and addresses of individuals and companies who support and endorse the project.

VIX. Appendix

Provide supporting material for your proposal here.